

## HEALTHCARE ADVOCATE TOOLS – LINKS & PHONE NUMBERS

**ALWAYS ASK FOR A CALL REFERENCE NUMBER FOR EVERY AETNA AND OPTUM CALL.  
IF THERE IS NONE, ASK FOR THE AETNA OR OPTUM EMPLOYEE'S FIRST NAME AND EMPLOYEE NUMBER.  
AND REMEMBER, EVERYBODY HAS A BOSS.**

| DESCRIPTION  | PHONE  | LINK   |
|--|--|--|
| <b>Active employee plan</b>  | DRB:<br>800-821-2251   | USE THIS LINK TO FIND THE 2019 ACTIVE EMPLOYEE PLAN:<br><a href="http://doa.alaska.gov/drb/pdf/ghlb/akcare/SelectBenefitsEmployeeBooklet-01012019.pdf">http://doa.alaska.gov/drb/pdf/ghlb/akcare/SelectBenefitsEmployeeBooklet-01012019.pdf</a>  |
| <b>Retiree plan</b>  | DRB<br>800-821-2251  | USE THIS LINK TO FIND THE 2019 RETIREE EMPLOYEE PLAN:<br><a href="http://doa.alaska.gov/drb/pdf/ghlb/retiree/DBRetireeInsuranceBooklet-01012019.pdf">http://doa.alaska.gov/drb/pdf/ghlb/retiree/DBRetireeInsuranceBooklet-01012019.pdf</a>   |
| <b>AlaskaCare employee forms</b>   |  | <a href="http://doa.alaska.gov/drb/alaskacare/employee/forms/">http://doa.alaska.gov/drb/alaskacare/employee/forms/</a>  |
| <b>Aetna provider network</b>  | Aetna Alaska Concierge:<br>855-784-8646  | <b>FACILITIES:</b><br>FIND THE <b>NETWORK FACILITY FLOWCHART</b> HERE:<br><a href="https://public.courts.alaska.gov/web/forms/docs/wfd-hcanetproviders.pdf">https://public.courts.alaska.gov/web/forms/docs/wfd-hcanetproviders.pdf</a><br>Remember, severe penalties apply for using non-preferred hospital, rehab, surgery center, and imaging centers in Anchorage and the other 49 states.<br><b>PHARMACIES:</b><br>The OptumRx online network list is not complete. Your best option is to call the OptumRx concierge at 855-409-6999.<br><b>DOCTORS AND OTHER PROVIDERS:</b><br>Use this link to find doctors in Aetna's network, but be sure to confirm network status with the doctor's office, and do this close in time to when you need the service (ask again when you check in):<br><a href="http://doa.alaska.gov/drb/alaskaCare/findAProvider.html">http://doa.alaska.gov/drb/alaskaCare/findAProvider.html</a> |
| <b>HIPAA release forms</b>   | Aetna Concierge:<br>855-784-8646<br><br>DRB:<br>800-821-2251<br><br>OptumRx:<br>855-409-6999   | <b>AETNA'S RELEASE:</b><br><a href="http://www.aetna.com/individuals-families-health-insurance/document-library/member-phi-authorization-english.pdf">http://www.aetna.com/individuals-families-health-insurance/document-library/member-phi-authorization-english.pdf</a><br><b>TO REVOKE (WITHDRAW) AETNA'S RELEASE:</b><br><a href="http://www.aetna.com/individuals-families-health-insurance/document-library/revocation-of-authorization.pdf">http://www.aetna.com/individuals-families-health-insurance/document-library/revocation-of-authorization.pdf</a><br><b>DRB'S RELEASE:</b><br><a href="http://doa.alaska.gov/drb/pdf/forms/ben043.pdf">http://doa.alaska.gov/drb/pdf/forms/ben043.pdf</a><br><b>OPTUM'S RELEASE (SEND REVOCATION TO SAME ADDRESS):</b><br><a href="http://doa.alaska.gov/drb/pdf/forms/OptumPHIForm.pdf">http://doa.alaska.gov/drb/pdf/forms/OptumPHIForm.pdf</a>                            |
| <b>Precertification list</b> (services that need Aetna's approval in advance. List of Optum drugs needing pre-auth on next page) | <u>For members:</u><br>call 855-784-8646 and ask for precert dept<br><u>For providers:</u><br>888-632-3862<br><u>Aetna Drug Precert:</u><br>Specialty:866-503-0857<br>Other: 855-240-0535<br><u>OptumRx or Briova:</u><br>See next page. | <b>PHARMACY PRECERTIFICATION:</b><br>BEFORE 2019--See Aetna pharmacy links<br>ON OR AFTER 1/1/2019--See OptumRx pharmacy links.<br><b>PRECERTIFICATION LIST IN PLAN:</b><br><a href="http://doa.alaska.gov/drb/pdf/ghlb/akcare/SelectBenefitsEmployeeBooklet2018.pdf">http://doa.alaska.gov/drb/pdf/ghlb/akcare/SelectBenefitsEmployeeBooklet2018.pdf</a><br><b>FIND PRECERTIFICATION FLOWCHART HERE:</b><br><a href="https://public.courts.alaska.gov/web/forms/docs/wfd-hcaprecert.pdf">https://public.courts.alaska.gov/web/forms/docs/wfd-hcaprecert.pdf</a>   |

| DESCRIPTION  | PHONE  | LINK  |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
|--|--|---|-----------|-----------|-------|---|---|----|--|---|----|-----------|---|----|-----------|----------|--------------|--------|--|--|--------|--|---|--------|-----------------------------------|---|
| AlaskaCare home page   | DRB:<br>800-821-2251   | USE THIS LINK TO FIND THE PLAN HOMEPAGE:<br><a href="http://doa.alaska.gov/drb/alaskacare/">http://doa.alaska.gov/drb/alaskacare/</a>   |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| Moda/Delta home page   | 855-718-1768   | USE THIS LINK TO FIND THE DENTAL PLAN HOMEPAGE:<br><a href="https://www.modahealth.com/alaskacare/">https://www.modahealth.com/alaskacare/</a>  |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| VSP home page  |  | USE THIS LINK TO GET TO VSP: <a href="https://vsp.com/">https://vsp.com/</a>  |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| OptumRx pharmacy (starting 2019)                             | <p><u>OptumRx pharmacy:</u></p> <ul style="list-style-type: none"> <li>Alaska member services<br/>855-409-6999</li> <li>Doctor's phone:<br/>800-791-7658 (option 1)</li> <li>Doctor's fax<br/>800-491-7997</li> <li>Doctor's <a href="#">prescription form</a> (URL on right)</li> </ul> <p><u>Briova specialty drugs:</u></p> <ul style="list-style-type: none"> <li>Member services<br/>855-427-4682</li> <li>Doctor can fax prescription to<br/>877-342-4596</li> <li>Doctor can phone prescription by calling<br/>855-427-4682</li> <li><a href="https://www.briovarx.com/contactUs.html">https://www.briovarx.com/contactUs.html</a></li> </ul> <p><u>Drugs that require prior authorization:</u><br/><a href="http://doa.alaska.gov/drb/benefits/materials/AlaskaCarePharmacy_PriorAuthorization.pdf">http://doa.alaska.gov/drb/benefits/materials/AlaskaCarePharmacy_PriorAuthorization.pdf</a></p> | <p>OptumRx's online list of network providers is not complete. Call Optum directly and ask for a network pharmacy near you. (Get the name of the customer service rep at Optum who helps you.)</p> <p>Find OptumRx's pharmacy quantity limits here:<br/><a href="http://doa.alaska.gov/drb/benefits/materials/AlaskaCarePharmacy_QuantityLimits.pdf">http://doa.alaska.gov/drb/benefits/materials/AlaskaCarePharmacy_QuantityLimits.pdf</a></p> <p>Find OptumRx for AlaskaCare plans here:<br/><a href="http://doa.alaska.gov/drb/alaskacare/optumrx.html">http://doa.alaska.gov/drb/alaskacare/optumrx.html</a></p> <p>OptumRx's form for doctor to fax with prescription:<br/><a href="https://www.optumrx.com/content/dam/rxmember/accessible_forms/PDF-UA_Physician%20Fax%20Form.pdf">https://www.optumrx.com/content/dam/rxmember/accessible_forms/PDF-UA_Physician%20Fax%20Form.pdf</a>.</p> <p>OptumRx's 2019 formulary (list of drugs) here:<br/><a href="http://doa.alaska.gov/drb/benefits/materials/AlaskaCarePharmacy_Formulary.pdf">http://doa.alaska.gov/drb/benefits/materials/AlaskaCarePharmacy_Formulary.pdf</a></p> <ul style="list-style-type: none"> <li>Find index at the back to do a search or Ctrl-F for search:</li> <li>Example: See Tecfidera below. This is just an example of a drug on the formulary list. It is drug tier 2, and the notes say SP.</li> </ul> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Drug Tier</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td> <td>3</td> <td>SP</td> </tr> <tr> <td>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td> <td>3</td> <td>SP</td> </tr> <tr> <td>TECFIDERA</td> <td>2</td> <td>SP</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Note that this example drug, Tecfidera, is in "drug tier" 2. There are three tiers, and this is what they mean:</li> </ul> <p><b>Tier information</b><br/>Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you hit your deductible.</p> <table border="1"> <thead> <tr> <th>Drug Tier</th> <th>Includes</th> <th>Helpful Tips</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td>\$ Lower-cost generics and some brand-name</td> <td>Use Tier 1 drugs for the lowest out-of-pocket costs.</td> </tr> <tr> <td>Tier 2</td> <td>\$\$ Mid-range cost preferred brand-name</td> <td>Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.</td> </tr> <tr> <td>Tier 3</td> <td>\$\$\$ Highest-cost non-preferred</td> <td>Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.</td> </tr> </tbody> </table> | Drug Name | Drug Tier | Notes | REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | SP | REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | SP | TECFIDERA | 2 | SP | Drug Tier | Includes | Helpful Tips | Tier 1 | \$ Lower-cost generics and some brand-name | Use Tier 1 drugs for the lowest out-of-pocket costs. | Tier 2 | \$\$ Mid-range cost preferred brand-name | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs. | Tier 3 | \$\$\$ Highest-cost non-preferred | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |
| Drug Name  | Drug Tier  | Notes   |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                | 3  | SP  |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3  | SP  |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| TECFIDERA  | 2  | SP  |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| Drug Tier  | Includes   | Helpful Tips  |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| Tier 1   | \$ Lower-cost generics and some brand-name   | Use Tier 1 drugs for the lowest out-of-pocket costs.  |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| Tier 2   | \$\$ Mid-range cost preferred brand-name   | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.   |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |
| Tier 3   | \$\$\$ Highest-cost non-preferred  | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.   |           |           |       |   |   |    |  |   |    |           |   |    |           |          |              |        |  |  |        |  |   |        |                                   |   |

|   |   | <ul style="list-style-type: none"> <li>SP means <b>S</b>pecialty Medication. BrivoRx is OptumRx's specialty pharmacy. Most SP drugs require preauthorization (sometimes called precertification). See preauthorization information here: <a href="http://doa.alaska.gov/drb/benefits/materials/AlaskaCarePharmacyPriorAuthorization.pdf">http://doa.alaska.gov/drb/benefits/materials/AlaskaCarePharmacyPriorAuthorization.pdf</a></li> </ul> <p>Specialty meds from Brivo=covered at mail order co-pay rates.<br/>Specialty meds from Costco or Diplomat=covered at retail rates.</p>  |
|---|---|---|
| <b>Aetna pharmacy (before 2019)</b>                             | <p>Aetna specialty pharmacy:<br/>866-782-2779</p> <p>Aetna pharmacy management:<br/>800-238-6279 (option zero, then option 2)</p>   | <p>SEE PRECERTIFICATION LIST FOR LINKS TO PRECERTIFICATION FORMS FOR DRUGS, INCLUDING SPECIALTY DRUGS</p> <p>2018 Aetna Pharmacy Drug Guide (Formulary)<br/><a href="http://doa.alaska.gov/drb/benefits/materials/2018_AetnaDrugGuide.pdf">http://doa.alaska.gov/drb/benefits/materials/2018_AetnaDrugGuide.pdf</a></p> <p>Aetna Exclusion Drug List<br/><a href="http://doa.alaska.gov/drb/benefits/materials/2018_ExclusionDrugList.pdf">http://doa.alaska.gov/drb/benefits/materials/2018_ExclusionDrugList.pdf</a></p> <p>AETNA ALSO HAS DRUG-SPECIFIC FORMS FOR PRECERT OF SPECIALTY DRUGS. USE THIS LINK TO FIND THEM, AND THEN SELECT THE DRUG TO FIND THE FORM: <a href="https://www.aetna.com/health-care-professionals/health-care-professional-forms.html#10">https://www.aetna.com/health-care-professionals/health-care-professional-forms.html#10</a></p> |
| DESCRIPTION   | PHONE   | LINK  |
| <b>Medical claim form</b>                                       | <p><b>(Before faxing, see note on right.)</b></p> <p>National Fax #:<br/>859-425-3379</p> <p>AK Concierge Fax #:<br/>860-975-1340</p>   | <p>SOMETIMES DOCTORS BILL AETNA FOR YOU, SOMETIMES THEY DON'T. USE THIS LINK TO FIND THE FORM THAT LETS YOU SUBMIT A CLAIM YOURSELF: <a href="http://doa.alaska.gov/drb/pdf/ghlb/akcare/aetna/medicalClaimForm.pdf">http://doa.alaska.gov/drb/pdf/ghlb/akcare/aetna/medicalClaimForm.pdf</a></p> <p>YOU MAY ALSO FAX THE FORM TO THE NUMBERS ON THE LEFT BUT FAXES GET LOST IN AETNA'S FAX QUEUE. BETTER TO USE MAIL AND ALWAYS SO YOU CAN TRACK IT TO MAKE SURE AETNA RECEIVED IT.</p>   |
| <b>Dental claim form</b>  |   | <p>USE THIS LINK TO FIND THE MODA CLAIM FORM:<br/><a href="http://doa.alaska.gov/drb/pdf/ghlb/akcare/moda/dentalClaimForm.pdf">http://doa.alaska.gov/drb/pdf/ghlb/akcare/moda/dentalClaimForm.pdf</a></p>   |
| <b>Vision claims</b>  |   | <p>USE THIS LINK TO VSP AND FIND THE CLAIM FORM: <a href="https://vsp.com/">https://vsp.com/</a></p>  |
| <b>Aetna prescription drug claim form (BEFORE 2019)</b>         | <p>AETNA PHARMACY<br/>MGMT: 888-792-3862<br/>Or 800-238-6279<br/>(option zero, then 2)</p> <p>AETNA SPECIALTY PHARMACY:<br/>866-782-2779</p> <p>FAX DRUG CLAIM FORM TO: 888-472-1128<br/>(MAIL IS BETTER)</p> | <p>USE THIS LINK FOR THE MAIN PRESCRIPTION DRUG CLAIM FORM:<br/><a href="http://www.aetna.com/individuals-families-health-insurance/document-library/paper_claim_form.pdf">http://www.aetna.com/individuals-families-health-insurance/document-library/paper_claim_form.pdf</a></p> <p>FOR SPECIALTY (TYPICALLY THE MORE EXPENSIVE) DRUGS, CALL THE NUMBER ON THE LEFT. NOTE: YOU CAN ALSO USE COSTCO OR DIPLOMAT FOR SPECIALTY MEDS. EMAIL THE HEALTHCARE ADVOCATES <a href="mailto:HealthcareAdvocates@akcourts.us">HealthcareAdvocates@akcourts.us</a> IF YOU NEED HELP WITH THIS.</p> <p>PRESCRIPTION MAIL-ORDER DELIVERY FORM:<br/><a href="http://www.aetna.com/individuals-families-health-insurance/document-library/medication-order-form.pdf">http://www.aetna.com/individuals-families-health-insurance/document-library/medication-order-form.pdf</a></p>   |
| <b>OptumRx prescription drug claim form (ON/AFTER 1/1/2019)</b> | See numbers on previous page.   | <p>FOR NOW, USE THE FORM THAT CAME WITH YOUR OPTUM CARD IN THE MAIL. IF YOU CANNOT FIND IT, USE THIS LINK FOR A COMPARABLE OPTUM PRESCRIPTION DRUG CLAIM FORM:<br/><a href="https://www.optumrx.com/content/dam/rxmember/accessible_forms/PDF-UA_Blank%20Mail%20Order%20Prescription%20Form%20-%20English.pdf">https://www.optumrx.com/content/dam/rxmember/accessible_forms/PDF-UA_Blank%20Mail%20Order%20Prescription%20Form%20-%20English.pdf</a></p>  |

| DESCRIPTION                      | PHONE                                   | LINK  |
|----------------------------------|---|---|
| <b>Clinical policy bulletins</b> | Aetna Alaska Concierge:<br>855-784-8646 | IN GENERAL: <a href="https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html">https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html</a><br>POLICIES IN ALPHABETICAL ORDER: <a href="https://www.aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy-bulletins/alphabetical-order.html">https://www.aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy-bulletins/alphabetical-order.html</a><br>PHYSICAL THERAPY POLICY:<br><a href="http://www.aetna.com/cpb/medical/data/300_399/0325.html">http://www.aetna.com/cpb/medical/data/300_399/0325.html</a><br>MULTIPLE SCHLEROSIS: START HERE AND LINK TO THE INDIVIDUAL MS TREATMENT: <a href="http://www.aetna.com/cpb/medical/data/200_299/0264.html">http://www.aetna.com/cpb/medical/data/200_299/0264.html</a> |
| <b>External medical review</b>   | Aetna External Review:<br>877-848-5855  | USE THIS LINK FOR INFORMATION ABOUT EXTERNAL REVIEW, BUT SEE APPEAL PACKET <a href="#">HCA-200</a> FOR THE FILLABLE FORM:<br><a href="https://www.aetna.com/individuals-families/member-rights-resources/claims-coverage/aetna-external-review-program.html">https://www.aetna.com/individuals-families/member-rights-resources/claims-coverage/aetna-external-review-program.html</a>  |
| <b>FairHealth</b>                |   | USE THIS LINK TO LOOK UP THE RECOGNIZED CHARGE (BE SURE TO ADJUST THE SCALE TO 90%): <a href="https://www.fairhealthconsumer.org/">https://www.fairhealthconsumer.org/</a>  |
| <b>Appealing a Denied Claim</b>  |   | FIND <b>APPEALING AETNA DENIALS FLOWCHART</b> HERE:<br><a href="https://public.courts.alaska.gov/web/forms/docs/wfd-aetna.pdf">https://public.courts.alaska.gov/web/forms/docs/wfd-aetna.pdf</a>  |